



CREMATION ACT 1929

Cremation Regulations 1954

Form 6

(Reg. 11)

Application for Permit to Cremate	
Applicant	<p>Name</p> <hr/> <p>Address</p>
Deceased	<p>Name</p> <hr/> <p>Address</p> <hr/> <p>Date of birth / / Male/ Female/ Unspecified</p> <hr/> <p>Marital status</p> <hr/> <p>Occupation</p> <hr/> <p>Nearest surviving relative* (if known)</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Relationship</p> <hr/> <p>Usual doctor</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Address</p> <hr/> <p>Doctor who attended deceased during his or her last illness</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Address</p>
<i>(*Nearest surviving relative* is explained at the end of this form.)</i>	
Instructions from deceased	<p>Did the deceased leave any written directions about how his or her remains were to be dealt with?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give details</p>
Objections	<p>Do you know of anyone who objects to the deceased's remains being cremated?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give details of that person</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Relationship to deceased</p> <p style="margin-left: 20px;">Address</p>
Coroner	<p>Has the Coroner conducted an investigation or inquest into the deceased's death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
Applicant's relationship to deceased	<p><input type="checkbox"/> Administrator of the deceased</p> <p><input type="checkbox"/> Nearest surviving relative* of the deceased</p> <p><input type="checkbox"/> Other</p>
<i>(*Nearest surviving relative* is explained at the end of this form.)</i>	

